



VENDOR AFFIDAVIT OF LOST, STOLEN, OR DESTROYED WARRANT

STATE OF WASHINGTON)
)
COUNTY OF _____)

RETURN TO:
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES (OAS)
DISBURSEMENTS
PO BOX 45845
OLYMPIA WA 98504-5845

OAS Use Only

I, _____, having been duly
sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee
of the State of Washington's Warrant Number _____, dated _____
in the amount of _____ dollars and that said warrant has been lost, destroyed, or not
delivered to me and to the best of my knowledge has not been paid.

SIGNATURE

STREET ADDRESS

CITY STATE ZIP CODE

WITNESSES IF SIGNED BY "X"

SIGNATURE

STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE

STREET ADDRESS

CITY STATE ZIP CODE

Subscribed to and sworn before me this _____ day of _____, 20_____

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON, RESIDING AT

CITY My appointment expires: _____

FOR DSHS USE ONLY
WARRANT CANCELLATION AUTHORIZATION

AGENCY/SUB		ISSUE DATE		BIENNIUM			WARRANT NUMBER	
NAME							REGISTER NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	FUND	AMOUNT		
AUTHORIZED BY			TELEPHONE					
					TOTAL			

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